

Housing Registration Application Checklist

Documentation / Information / Fees Required	Applicant Checklist	Official Use Only
Housing Registration Fee (required) <ul style="list-style-type: none"> - \$100.00 per parcel / year - Separate check or money order - Payable to <i>City of Reading</i> - No payment required if House/single family unit <i>and</i> owner-occupied, second residence or occupied by family member 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of Owner's Driver's License <ul style="list-style-type: none"> - State issued Identification 		<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning Permit Application (see page 4) <ul style="list-style-type: none"> - Required <i>except</i> for vacant properties - \$100.00 check or money order - Payable to <i>City of Reading</i> - No payment required if House/single family unit <i>and</i> owner-occupied, second residence or occupied by family member 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Business Privilege License <ul style="list-style-type: none"> - obtained at Berks Earned Income Tax Bureau - 610-372-8439 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Listing of Corporate Officers (if applicable) <ul style="list-style-type: none"> - Articles of Incorporation - Partnership Agreement 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Occupied by Family Member <ul style="list-style-type: none"> - Copy of family member's state issued identification with property address - Copy of utility bill (phone, electric, cable, Directv, Dish) with family member's name and property address 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Vacant Second Residence / Vacation Home <ul style="list-style-type: none"> - Copy of utility bill (phone, electric, cable, Directv, Dish) with owner's name and property address 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reinstatement <ul style="list-style-type: none"> - Reasons for revocation of Registration have been corrected and approved 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



ZONING (HOUSING) PERMIT

PARCEL ID #: _____

CONTROL NO.: _____

PROPERTY ADDRESS		
NUMBER	STREET	ZIP CODE
APPLICANT: OWNER _____		AGENT _____ (Power of Attorney Required)
NAME		TELEPHONE NO
NUMBER	STREET	ZIP CODE
PROPERTY OWNER:		
NAME		TELEPHONE NO.
NUMBER	STREET	ZIP CODE
APPLICANT'S SIGNATURE:		
NAME		DATE
NUMBER OF UNITS: _____		
NUMBER OF ROOMS (rooming house only): _____		
NUMBER OFF STREET PARKING SPACES: _____		
HISTORIC DISTRICT (WHEN APPLICABLE): _____		

ZONING DISTRICT: _____

PROPERTY MAINTENANCE DIVISION (PMD) REVIEW: _____

PMD INSPECTION: YES: _____ NO: _____ DATE OF INSPECTION: _____

COMPLIES WITH CITY OF READING ORDINANCE "ROOMMATE HOUSING" YES NO
IF NO, PROVIDE PREVIOUS APPROVAL AND REGISTRATION AS A NONCONFORMING USE FROM SAID REQUIREMENT: _____

ADMINISTRATIVE HEARING OFFICER APPROVAL/DENIAL (DATE): _____

ZONING HEARING BOARD APPROVAL/DENIAL (DATE): _____

CITY COUNCIL APPROVAL/DENIAL (DATE): _____

APPROVED: _____
ZONING OFFICIAL DATE

COMMENTS: _____

NUMBER OF UNITS PERMITTED: _____

NUMBER OF ROOMS PERMITTED: _____

NUMBER OFF STREET PARKING SPACES: _____

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IN ADDITION TO THIS ZONING PERMIT, ADDITIONAL PERMITS MAY BE REQUIRED BY DEPARTMENTS BELOW:

BUILDING: _____ HEATING: _____ PLUMBING: _____ ELECTRIC: _____

HEALTH: _____ HOUSING: FIRE: _____ ENGINEERING: _____

PLANNING: _____ HISTORIC: _____ TAX ADMINISTRATION: _____

This permit applies to ZONING ONLY and shall not relieve the applicant from obtaining other such permits as may be required by law. Violation of any provision of this ordinance, including falsification of information on this permit by owner or lessee or other person shall be punishable by a fine not to exceed \$500.00 or by imprisonment not to exceed 60 days.